

| POSITION                  | INITIALS  | ID NO.     | DATE                 |
|---------------------------|-----------|------------|----------------------|
| FEE DETERMINATION         |           |            |                      |
| O.I.P.E. CLASSIFIER       |           |            |                      |
| FORMALITY REVIEW          | ASA<br>SS | 830<br>573 | 07/13/01<br>07-05-01 |
| RESPONSE FORMALITY REVIEW |           |            |                      |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy

1485  
8/13/01